Effective October 1, 2003												_	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR				R THAN . ENTITY	
TOTAL CLAIMS			11.				F	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FE	E 385.00	OR	BASIC FEI	770.00	
TOTAL CHARGEABLE CLAIMS			(/ minus 20=		*		,	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		*			X43=		┪¨``	X86=		
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT					<u> </u>		OR	700=	<del> </del>	
	the difference	e in column 1 is	less than 7	ero enter	"0" in	column 2	<u> </u>	+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TO	DTAL		OR	TOTAL	72	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								ΑΔΙ Ι	ENTITY	OR	OTHER		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO	EST BER USLY	PRESENT EXTRA		ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. //	Minus	**	20	= /	×	\$ 9=	·	OR	X\$18=	/	
	Independent	* /	Minus	***	3	=	х	43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+1	45≃		OR	+290=			
· .								TOTAL			TOTAL		
		(Column 1)		(Colum	ın.2)	(Column 3)	AUUI	T. FEE			ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	R	ATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	fr#		=	XS	9=		OR	X\$18=		
	Independent	*	Minus	***		=	X4	3=		OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM		+14	15=		OR	+290=		
								OTAL		, L	TOTAL		
(Column 1) (Column 2) (Column 3)								. FEE L			ODIT. FEE	·	
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	st Er Jsly	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	4	Minus	**		- ]	X\$	9=		OR	X\$18=		
	Independent		Minus	***		=	X4	3=		.	X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (	CLAIM			$\dashv$		OR			
* If the antry in column 1 is less than the entry in column 2 write "0" in column 2										+290=			
	To the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  ADDIT. FEE  TOTAL ADDIT. FEE												

Application or Docket Number